

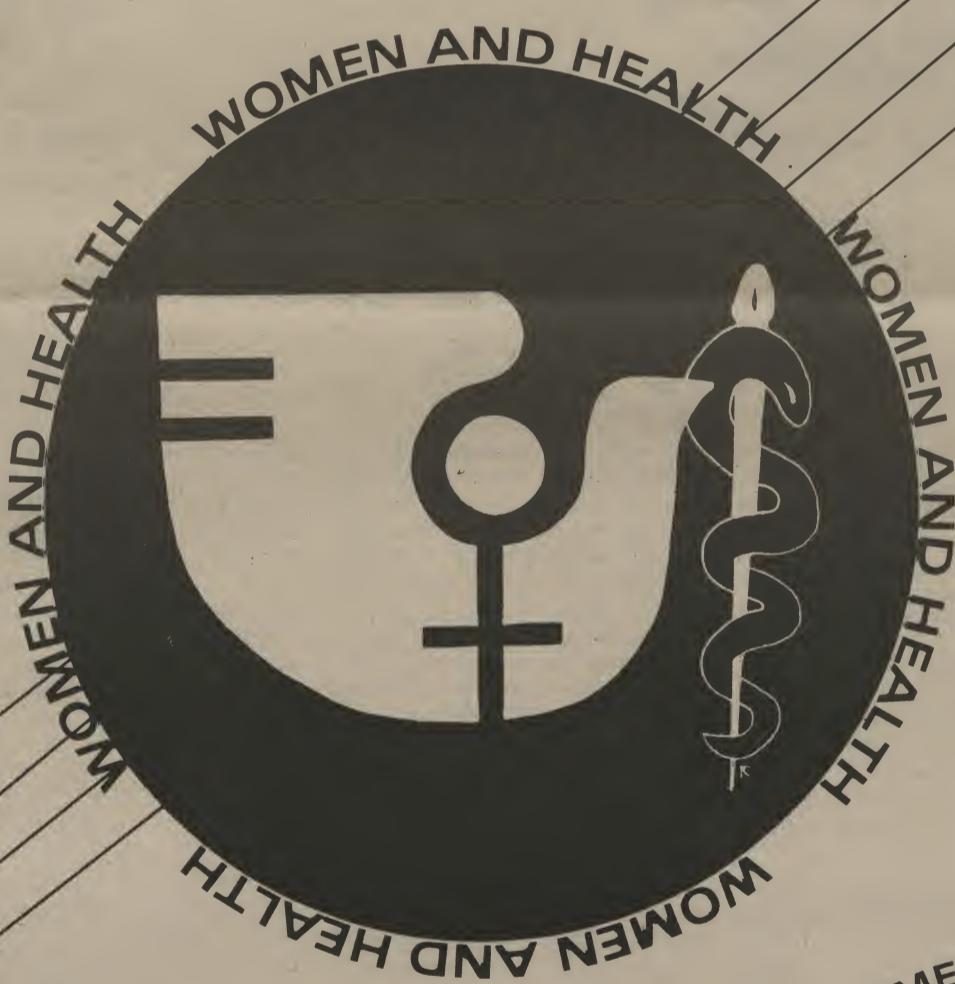
THE EMILY

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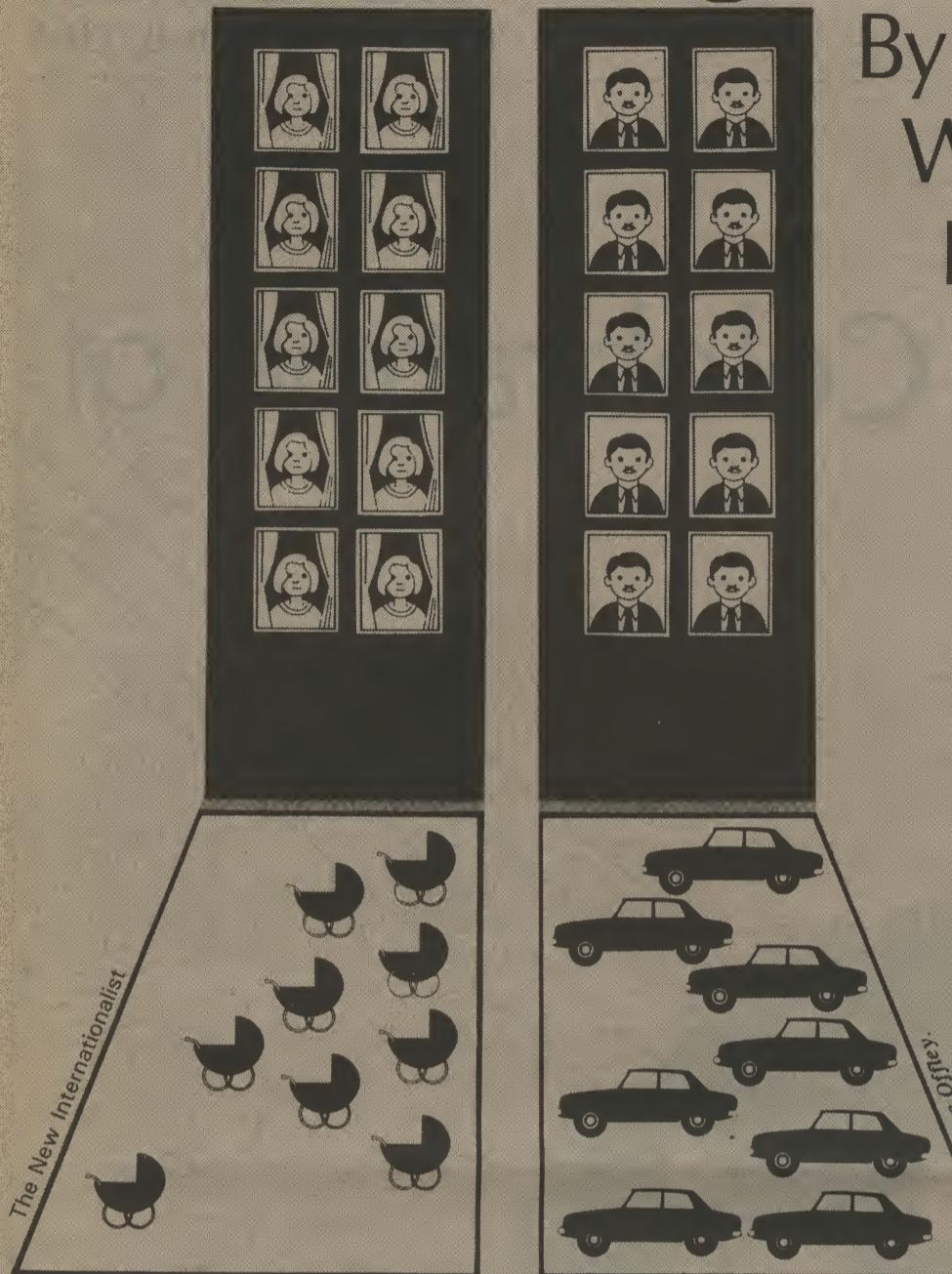
In Celebration of



International
Women's Day



Urban Planning



by Leslie Hamilton
What is a city? For lots of people it's where the action is. For others it is a mass of factories, banks, parking lots, skyscrapers, slums, freeways, and suburban sprawl. In any case it is an environment conceived, designed, and constructed primarily by and for men.

More and more women are venturing from homelife into the public world of the city. In doing so, they confront the particular constraints such an environment places them.

The Sexist City

Cities are built for the purpose of centralizing commerce and industry for easier management and higher profit. Seldom have the needs of women and children been taken into consideration in their construction. In fact, urban design has always proceeded on the assumption that "a woman's place is in the home".

"Suburbia" is the spread of low-density, detached single-family dwellings, serviced by freeways, shopping centers, and strip developments. It is based on the sexual division of labour. Exempted from domestic responsibilities, suburban men enjoy wide mobility and a job market that spans the city. They are able to appreciate their spacious suburban home all the more since they are away from it most of the day.

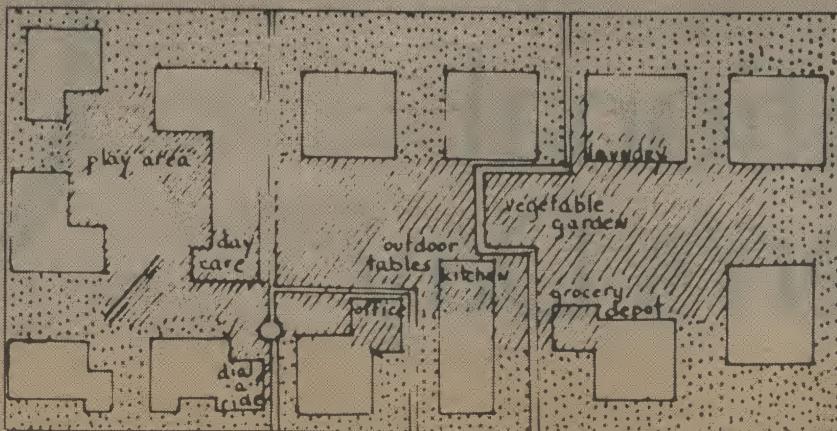
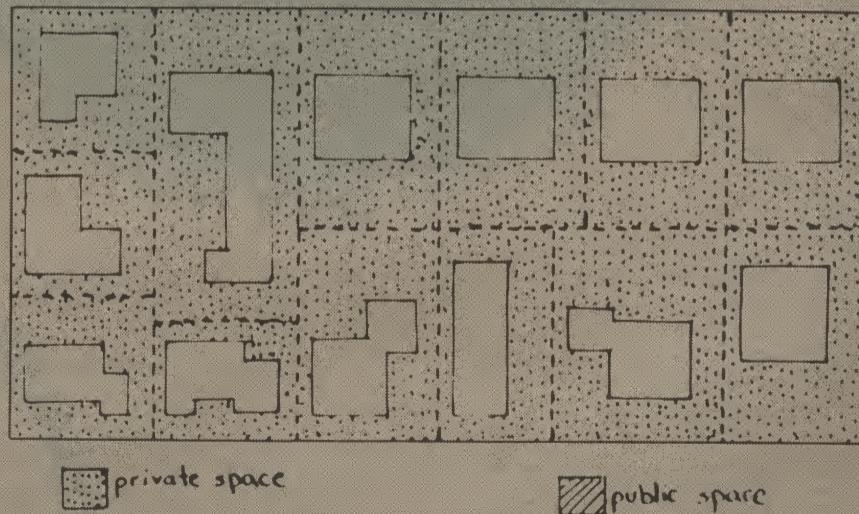
In contrast, opportunities for suburban women are limited. The lack of daycare and adequate transportation reduce the possibilities for employment and socializing. The average suburban housewife spends much of her day alone, locked into a world of monotonous housework and a confining physical space.

Because of the isolation of suburban life, many women look for alternatives in the inner-city where employment and services are more accessible. Too often this decision is made through lack of choice. Single women, with and without children, elderly women, and immigrant women make up the largest proportion of those living at the poverty level. For economically disadvantaged women, city-living can be as much of a trap as the suburbs.

Life at the bottom of the socioeconomic ladder means low-paying jobs and the dregs of the housing market:

basement suites, substandard housing, and units with shared facilities. Also the physical distance between home, work, shopping, and daycare can present a major problem for the woman performing the double jobs of wage and domestic labour. Feminist architect and historian Dolores Hayden writes:

"The typical divorced or battered woman currently seeks housing, employment, and childcare simultaneously. She finds that matching her complex family requirements with various available offerings by



A "typical bleak suburban block of 13 houses... 13 driveways are used by 26 cars; 10 garden sheds, 10 swings, 13 outdoor dining tables, begin to suggest the wasteful duplication of existing amenities."

Proposed Homes revitalization. "...the community park is designed to accommodate day care, a garden for growing vegetables, some picnic tables, a playground where swings and slides are grouped, a grocery depot connected to a larger neighborhood food cooperative, and a dial-a-ride garage."

By Whose Design?

landlords, employers, and social services is impossible."

On top of this are the dangers in urban centres of violence, pollution, and the shortage of safe, clean places where children can grow.

The Non-Sexist City

Unknown to most people, North America has a long tradition of non-sexist urban planning. Beginning with the many communitarian sects set up in the U.S. between 1780 and 1915, the model communities of the Shakers, the Oneidens, the Fourierists, and many others, all contained innovative combinations of communal kitchens, laundries, and nurseries designed to make women's work easier and less lonely.

In 1868, a group of Cambridge women led by Melusina Fay Pierce set up the "Cooperative Housekeeping Association." A downtown building was purchased and redesigned into a workplace for the production of food, laundry, sewing and baking. Husbands were charged for the service, which provided wages for the women.

Ideas such as these flourished until the second world war, when housing design became standardized by the land development industry. Today feminists understand that all the rhetoric in the world will not gain them equality as long as they continue to bear the burden of unpaid housework and childcare. That is why many feminists are once again looking to urban design as an approach to restructuring lifestyles so that men can take a more active role in domestic labour.

Feminist scholar Magrit Kennedy's study of female design principles demonstrates that women take quite a different approach to design than men. She observes that "women tend to design from inside out beginning with the function of the building and ending with its form, while men often tend to proceed in the opposite way."

Dolores Hayden is exemplary of the feminist approach to urban design. She proposed establishing a network of organizations called HOMES (Homemakers Organization for a More Egalitarian Society). Feminist groups already providing shelters and halfway homes for families in crisis may want to investigate the possibilities of renovating existing housing blocks into integrative, cooperative complexes which will encourage a more equal division of labour.

Hayden demonstrates how a typical suburban block supporting thirteen private families can be transformed into a mixed community of some forty households comprising single parents, married couples with or without children, singles, seniors, and handicapped people. The complex would be a balanced mix of public and private spaces and would provide employment for people through its laundry, food, and daycare services, as well as 'home' service for the sick and disabled.

Alternative urban design can not solve all of the problems between the sexes, but our realm of thought is shaped by the physical environment. To rearrange our physical space would open up a wide range of possibilities for new relationships between human beings.

Making Claims on the Media

by Cynthia Witwicki

Language and imagery expressing hatred of women was vividly portrayed last week at the SUB theatre. A slide show called "Reclaiming Ourselves: A Feminist Perspective on Pornography" was shown by B.C. Public Interest Research Group (PIRG). All of the slides were taken from readily available publications such as Playboy, Penthouse, Hustler, Vogue and Cosmopolitan. A recurring theme was sexual arousal of men through objectification of women. Sexuality and coercion were associated together in images of women being bound and tortured for sexual stimulation of voyeurs. The message of the slide show was that women need to reclaim and redefine female sexuality.

The 35 minute show was followed by a panel discussion. Members of the panel included Dr. Christine St. Peters, Women Studies Professor; Nola Selzer, articled law student and member of the Board of Directors of the Sexual Assault Centre; and Dr. Trevor Williams, English professor. The panel moderator was



Alison Le Duc, a law student and a member of the Board of Directors of PIRG.

One member of the audience, a man in his early 30's said "I couldn't hear the words of the song track because the woman's voice was so sleazy". This provoked a murmur of rage throughout the mainly female audience. Said one woman, "I don't want to hear anymore about men's opinions on women. I want to hear what women think and how women feel about porn".

One suggestion that came out of the discussion was the possibility of including sexual discrimination in the Hate

Literature section of the Criminal Code. Currently, this new piece of legislation protects people from being the target of hate literature on the basis of their religion, color, race or ethnic group, but not on the basis of sex.

B.C. PIRG's involvement in the issue of pornography stems from two projects they sponsored, one at Simon Fraser University last year and one currently in progress at UVic. Students at SFU surveyed Vancouver women to elicit responses on sexually explicit material publicly available and promoted as entertainment. The results of that survey showed that 95% of the women surveyed reject any association between sexuality and coercion. Also, 73% of the women thought that the material they found unacceptable should not continue to be made publicly available. A Special Committee on Pornography and Prostitution, appointed by the Federal Minister of Justice, has asked B.C. PIRG to submit a brief to their committee on this survey, in April, 1984. The UVic Women's Centre is co-authoring this brief.



A Question of Balance

by Joan Graves

For women at universities and colleges in Canada, there's some good and bad news.

The good news is that in the past decade there's been a significant increase in the number of female undergraduate and graduate students. The bad news is that there has been no proportionate increase in females holding full-time teaching positions.

In "Some Questions of

Balance", a report prepared by the Commission on Canadian Studies for the Association of Universities and Colleges of Canada, it was also found that women hold lower academic ranks and receive lower pay at every academic rank and in almost all age groups.

Sarah Shorten, president of the Canadian Association of University Teachers, was quoted in the "Globe and Mail" as saying because of hiring freezes universities

have not been able to redress the imbalance.

UVic's Dr. Constance Cooke believes that because of the small amount of hiring being done, female applicants with the same qualifications as their male counterparts should receive preferential treatment in order to achieve a more equal distribution.

From the student's perspective, problems arise from the imbalance. At UVic for example, a Women's Caucus of the Political Science Course Union was formed in order to address the lack of feminist perspective in that department. From the faculty side, Dr. Cooke points out that the unequal ratio of female faculty to female students puts increased pressure on women faculty to be available to the disproportionate numbers of female students.

I am interested in studying the effects of this imbalance at UVic particularly on the academic careers of women students and on the work situations of women holding academic positions. Anyone having information or experience to share can contact me through the Women's Centre.



Unveiling Herstory

by Judy Andrew

Reclaiming our own history. That's the focus of an upcoming conference on women's history in British Columbia at Camosun College.

The emphasis of the conference is on research done in B.C. However, it will not be strictly academic. As "most research done on women does not come out of the institutions but out of the community," said Barbara Latham, teacher of Canadian and Women's Studies at Camosun College. Latham and Roberta Pazdro are the conference coordinators.

Dr. Margaret Conrad, editor of Atlantis magazine and professor of history at Acadia University, will be the keynote speaker. Conrad has also stated that non-academic research is primarily responsible for women's history.

Why is research on women's issues lacking in academic institutions? "Maybe you can answer your own question," Latham said. "The established structure is challenged by research on women. It forces us to look at gender divisions. It shows us that liberal democracy is a farce."

The idea for this conference came about as an extension of a project that began four years ago, in 1980. At this time, Camosun College published a book of essays on women's history called *In Her Own Right*. The book was edited by Latham and Cathy Kess. It has sold 1700 copies to date. The papers from this 1984 conference will also be compiled into a book.

Papers are being presented on Saturday, April 28, from 9 a.m. to 5 p.m. Some featured topics will be "Equal Pay: A Retrospective", "Women in the Kitchen in the '20's" and "Women's Historical Fiction." There will be about 30 participants. Free events include a reading by Joy Kogawa, author of *Obasan*, on Friday, April 27, and a reading by Anne Cameron, author of *Daughters of Copper Woman*, on Saturday, April 28. There will also be a presentation on Saturday by Marilyn Ravicz and Laura Baker of Los Angeles, called "The Rainbow Women of the Fraser Valley: Life Songs Across the Generations."

These events are open to the public and will commence at 8 p.m. in the Young Building auditorium.

- ★ Next Emily — Thursday, April 5
- ★ Emily Bake Sale — Thursday, March 8 10:30 a.m. in the SUB
- ★ Emily Meetings — Every Tuesday, 1:30 p.m. in the Women's Centre

In Celebration of Internat

Women and Health

This year the Victoria International Women's Day Committee has organized a celebration to take place on Sunday, March 11 at the OAP Hall. Films and displays will focus on the theme of "Women and Health." In addition Susan Moger will address "Regaining control of our health," and nurse Mary Anne Morris, having recently returned from Nicaragua, will speak about women's health from an international perspective.

The evening includes dinner, drinks and entertainment and promises to be a success. All welcome. (For more details please see the calendar.)

International

Women's Week Calendar Inter



Around the Globe

Maeve Lydon

International Women's Day celebrates women breaking out of the silent role of feeding, clothing and nurturing a world which cares more for profit and power than people.

Women live in global society where there is a male monopoly of the institutions of power, politics, the economy, religion and the media. It is these power relations that women are challenging.

FACT:

— three-quarters of the world's women aged 15-44 live in the underdeveloped countries of Asia, Africa and Latin America. — one billion people today lack the basic necessities to live while 600 billion dollars is spent annually on the military. In the global population there are 556 soldiers and 85 physicians per 100,000 people.

The Victoria International Women's Day Committee has organized events for March 11 in the OAP hall focusing on Women and Health. The committee brings together individual women and community groups such as the Status of Women Action Group (SWAG), the Women's Sexual Assault Centre of Victoria, the Victoria International Development Education Association (VIDEA) and the YM-YWCA International Development department. This is the second year that the committee has organized a widespread Victoria event.

The IWD committee in Victoria believes examining health in BC and around the world must involve looking at our human as well as economic relations. Local issues, such as the recent budget cutbacks that are curtailing essential services for women in BC, are tied to global issues. They too involve economic justice and basic human rights.

Apartheid by Sex

Women are half the world's people ...



Do two-thirds of the world's working hours ...



Receive one tenth of the world's income ...

And own only one hundredth of the world's property ...



Family Planning

WE WANT MORE CHILDREN



WE DO NOT WANT ANY MORE CHILDREN



USING CONTRACEPTION
NOT USING CONTRACEPTION

In most developing countries, more than half the married women aged 14 to 19 don't want any more children. But of those, only about half are using any modern contraceptive method.

Education



The New Internationalist

Two out of every three illiterate people in the world are women.

Food

Almost all the training and technology for improving agriculture is given to men ...



50 per cent of the agricultural production and all of the food processing is the responsibility of the women.

Health

80 per cent of health budgets are used to cure the illnesses of a minority through the training and equipping of doctors who are usually men ...

80 per cent of all illness in the Third World could be prevented by better nutrition, water supply, sanitation, immunisation and preventive health education — the responsibility for which is usually taken by women.



Thursday, March 8

International Women's Day Films

- 1:30 p.m. - Women
- 2:00 p.m. - Maggie
- 2:30 p.m. - Just a Minute
- 3:00 p.m. - Ways of Seeing - part 2
- 3:30 p.m. - The Originals: - Women in Art

SUB Theatre, UVic

Free Films

- sponsored by Victoria Voice of Women and National Film Board
- "No More Hubakusha" and "If You Love This Place"
- time: 2:00 to 4:00 p.m.
- place: N.F.B. Studio, 711 Wharf Street
- discussion about women and peace will follow

Menstrual Clinic with Joy Gardner

- presented by The Dispensable Healing Centre
- time: 7:30 to 10:00 p.m.
- place: 45 Linden Ave.
- fee: \$15-30 (according to ability to pay)
- call: 384-5560

Women and Work

- discussion introduced by Stella Lord, M.A. (SWAG)
- presented by A.M.S. Solidarity
- time: 7:30 p.m.
- place: Uni Centre A208

Friday, March 9

Keynote Speech

- sponsored by Camosun College Women's Center
- Nina Colwill, author of *The New Partnership*, will discuss her new book, plus changing sex roles
- time: 8:30 to 10:30 a.m.
- place: Young Building Auditorium, Lansdowne Campus
- call: Coby Herrington, 592-1281 mornings or 479-2222 afternoons.

Sunday, March 11

International Women's Day Celebration

- time: 4:00 to 10:00 p.m.
- place: OAP Hall, 1600 Government St.
- there will be information booths, films, speakers
- dinner, music and bar! Everyone welcome.
- call: Stella 595-2542 for more info.

International Women's Day

International Women's Week Calendar

Tuesday, March 13

-members of Victoria International Women's Day Committee and UVic Women's Centre will lead a discussion on linking women's rights locally and globally.
 -time: 12:30
 -place: Cle C112

Wednesday, March 14

Lecture Series of Women in Politics
 -presented by Women's Caucus of Poli Sci Course Union
 -Fran Rapaport, a Grad Student, will be speaking on Prostitution
 -time: 7:00 p.m.
 -place: Cor A372

The Focus is Women

Suzy Coulter

We are everywhere, out in full force, sharing our concerns ideas and talents. March 8th is one day when what women do in our society becomes the focus.

It all started in 1857. A group of women garment-textile workers staged a demonstration in the Lower East side of New York City. These underpaid, near slave labourers marched through the district in which they lived and worked. They were demonstrating against their exploitative working conditions, demanding equality for all working women.

When the march approached a nearby affluent neighborhood, the police figured it was time to move in. Some women were arrested and many were trampled in the confusion. In March 1860, three years later, these women formed their own union.

On March 8, 1908, the Lower East of N.Y.C. was again the stage for a demonstration. Thousands of women from the needles trade industry were again protesting the conditions that had brought them to the streets 61 years earlier. They had added to their demands legislation against child labour and the

right to vote.
 In 1910 at an International Socialist Congress in Denmark, March 8th was declared International Women's Day. In recalling 53 years of struggle since 1857, Clara Zetkin, a German Socialist in the labour movement and well known advocate of social equality for all women, proposed that the day be set aside to commemorate the struggle of women.

Since then March 8th has been celebrated by women throughout the world. Although some of the original demands of our foremothers have been satisfied, there remains the struggle against deeply rooted forms of oppression.

With the increasing awareness of the extent of sexism in our world, events of I.W.D. are expanding. Rallies, forums, conferences, demonstrations, films, media shows and radio programs on such issues as child care, health care, abortion and sexuality are presented by individual women's groups and other organizations as well. Through local actions more and more women are discovering the importance of a global link of womankind. (Check the calendar for Victoria events)

Women



in Film

Population

Research and advice on family planning is usually directed towards women . . .

Decisions on family size are usually taken by men.



Midwifery —

by JoAnne Whittaker

Midwives are legal in all but nine countries in the world. Canada is the only western industrialized nation that does not provide for midwifery in its health care system.

As defined in the September 1980 American Journal of Public Health,

A nurse-midwife is a registered nurse who has completed an additional education program to prepare her/him to provide and manage the health care needed by essentially normal women and their babies during pregnancy, labor, delivery, and the postpartum/postnatal period, and to provide gynecologic care, including family planning, to essentially well women who are not pregnant.

This definition applies to most of the midwives currently working in countries around the world. For some countries, there is less emphasis upon gynecologic care but there is a growing appreciation that midwives can provide it, especially in populous third world countries.

Currently, in British Columbia, advocates of alternative maternity care are demanding that nurse-midwives be allowed to practice legally. At the same time, obstetricians are being utilized more and more by general practitioners to provide this care.

There are obstetrical nursing courses available at the University of Alberta, Dalhousie and Memorial Universities. These programs prepare registered nurses for work at northern and outpost regions. They are not midwifery courses. In British Columbia, nurses who work on maternity units, in hospitals, learn "on the job". The technical colleges with their two-year registered nurse education programs, are graduating nurses with limited skills in maternity nursing.

The British Columbia Medical Association has joined with the Registered Nurses' Association of British Columbia in a study of midwifery in the province. However, as of July 1980, the medical association agreed to increase the responsibilities of registered nurses but concluded there was no role for midwives in obstetrical care.

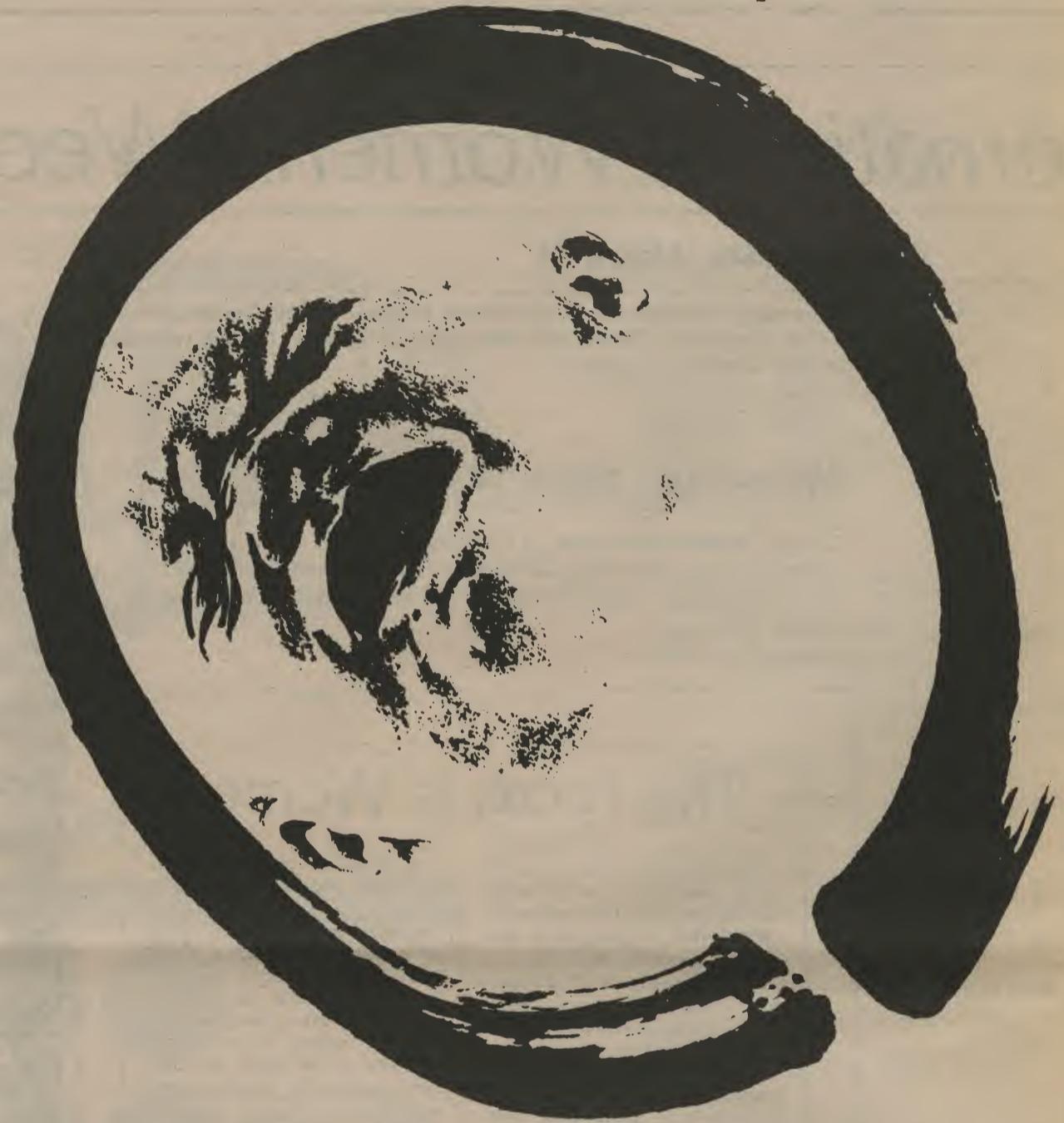
An obstetrician/gynecologist is a medical doctor who has done a five year specialty course in obstetrics and gynecology. This means at least twelve years of post-secondary education. Obstetrics is the management of pregnancy, labour, and the puerperium (after birth). Gynecology is the treatment of the genital tract in women. The obstetrician/gynecologist can intervene in any level of pregnancy, labour, and puerperium where there is an abnormality. In fact, the focus of the specialty is not on the normal but on the abnormal. It is in this context that obstetricians/gynecologists and midwives differ.

Both are specialists in handling pregnancy and labour. But the medical model differs from the midwife model. In the medical model, the fetus is a parasite within the mother. Pregnancy is a disease. The normal discomforts of pregnancy, for example, nausea and heartburn, are treated as diseases. The mother may be given medication for her discomfort even though it may not be in the best interest of the baby. The medical model manages the delivery as an adversarial relationship between the mother and the baby. There is reliance upon electronic fetal monitoring, even in normal pregnancies. In the labour room, these wires and the intravenous line restrict the movements of the mother. Often, mothers are anesthetized and are unable to participate in the birth process. The birth is done to a woman, not by her. The midwife model views pregnancy and birth as a natural, normal process involving mother and fetus.

The mother and fetus are a whole. Thus nausea is seen as a protein deficiency of the other-fetus unit, not as a discomfort that the fetus creates in the mother. The mother manages the birth process. The midwife merely aids her with advice, comfort and catching the baby.

In Great Britain, obstetricians and midwives are members of a team. In 1970, 680 consultant obstetricians worked in concert with 21,000 midwives. The consultant is always available, but in the background, ready to deal with complications. The same situation exists in Holland. In these countries, midwifery is an old and honoured profession. Some obstetricians fear that they are giving away the practice of "normal obstetrics". The result of this give-away, it is feared, would have to be a reduction by fifty percent of the residency programs. The nurse-midwife should not merely be viewed as a substitute for the busy obstetrician/gynecologist. There is sufficient evidence that she is also very necessary. She can reduce the perinatal (during birth) mortality by improving prenatal

Catching the Baby



care and also reduce the intervention rate in delivery.

Dr. Gerrit J. Kloosterman is an obstetrician/gynecologist in Holland who supports midwives. His observations were based upon personal experience. He observed that the long training time for his specialty made him less patient with a labouring woman. As well, in a speech given to a conference on midwives at Vancouver B.C., in February 1980, he cited a study done in Holland comparing the intervention rate of midwives and obstetricians. The midwife group scored very low. Only one percent of the births in the midwife group resulted in Caesarean sections. Ten percent had to be assisted by forceps or vacuum extraction. These figures were very low compared with United States and other European countries.

An informal study conducted by a physician in Vancouver B.C. showed a decrease in intervention when midwives were used. For Dr. Elizabeth Ricketts, her first one hundred and twenty deliveries were done in the normal obstetrical way. She had a Caesarean section rate of eighteen percent and a forceps delivery rate of fifteen percent. This was comparable to the average in British Columbia. For the next two hundred births, she used midwives in conjunction with prenatal care. Her Caesarean section rate fell to nine operations out of two hundred deliveries. The forceps rate also fell to five percent.

She chose patients who had had a bad previous birth experience or who were excessively frightened. The midwives gave the prenatal care and Dr. Ricketts experienced positive feedback from the mothers after delivery. Although she used midwives for prenatal care, the present law prevented them from assisting at the birth. They did do follow-up postnatal visits. This service is paid for out of the patients' pocket. In British Columbia, that portion of the population that cannot afford it is excluded from this care.

Ricketts did not use the traditional medical model. She avoided an intravenous until the last possible moment. The mother was encouraged to be up and about. The labour was shortened by the pressure of the baby on her organs and also, shortened labour meant less use of drugs.

The nurse-midwife must be licensed to exercise more her own judgement and be free to judge each birth based on the needs of the mother to be and not on the needs and demands of the institution. For this freedom, some midwives in the U.S. have set-up birthing clinics, free from but near to a hospital. They are in complete control but an obstetrician is on-call and available if there is need for one. Such units can only be set up if an obstetrician/gynecologist agrees to support it. For nurse-midwives to operate without this support means they are operating illegally and complications can lead to criminal charges. If an unsanctioned midwife appeals to an obstetrician/gynecologist for aid, he can refuse to treat the patient with impunity.

There is an increasing urgency for women as consumers to demand control over their bodies. The studies show that midwives can assist them to more control over the birth process. The medical model, on the other hand, relies on the scientific approach. There are even some who apply this approach to childbirth who propose that all babies should be delivered by Caesarean section! This would lessen the trauma to the mother's pelvic structures but she would have no part in the birth process at all. Joan E. Mulligan, an American midwife summed it up well:

As the bio-medical engineer creates new electronic devices to measure the minutest change in physiological response, as the virologists, bacteriologists, geneticists and others refine their techniques and apply their findings to the reproductive process, they provide social and scientific sanction for the physician to continue as manager, director and board of governors of the female reproductive process.

The evidence is very clear. Nurse-midwives have a definite role in maternal health care. The medical model as practiced by the obstetricians takes control away from the birthing mother. For those deliveries that are complicated, they are necessary. Their expertise could save the lives of both fetus and mother. However, normal deliveries do not require this interference.

BookReview BookReview BookReview BookReview BookReview

One Foot Over the Barrier

by Suzy Coulter

One Foot On The Mountain, an anthology of British feminist poetry from 1969-1979, is deadly. Emotions and insights are powerfully expressed in poetry that dares to challenge a male-biased society. To question is to threaten those in control.

As the title suggests, the fifty-five poets represented in this anthology are aware of the feats that are accomplished when women recognize their strengths. Editor Lilian Mohin says in her introduction, "Now we intend to expand, perhaps to burst, all these ideas, and each small poem, each act of consciousness raising is part of this great collective work. The insights we bring in this way are at once deeply personal and of universal significance."

It is not possible to categorize the 228 poems in this compilation. *One Foot On the Mountain* explores many themes in a variety of styles.

An underlying theme is that of oppression, be it blatant or subtle. In "For Maria Burke," poet Alison Fell examines one woman's feeling of worthlessness in reaction to being committed to a mental hospital. Valerie Sinason sharply exposes the stigma attached to victims of sexual abuse in her poem "That

Girl."

Hope and optimism are also expressed in poems like Pauline Long's "If women could speak, what language

would they use? Part II." The poem speaks about the chains that are broken and the newly won freedom that is boisterously celebrated.

*Who are those women, standing there and laughing,
Those women, standing there, dancing,
Those women women singing, talking, speaking, shouting,
Speaking in some language that some understand,
Speaking with eyes and tongue and head and body,
Speaking*

The focus of many of the poems is the redefinition/celebration of relation-

ships with women. Paula Jennings gets her message across loud and clear in "Lesbian."

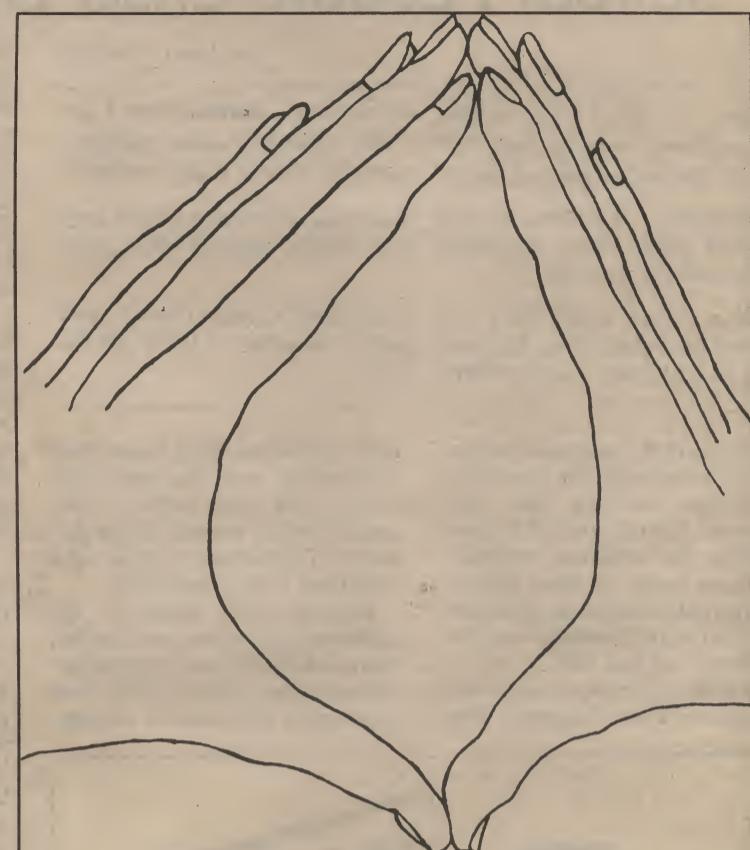
*And I think tomorrow
I will scrawl
in red paint
on the town hall
that behind the word lesbian
stinking in men's mouths
rhyming with perversion and revulsion
was always this word
with a soft 'l' like in laughter and lilac
and an 's' that tenderness dissolves into*

Many of the poets in this anthology will be unfamiliar to most readers. Although some have had their work printed in pamphlets or magazines of limited circulation, many are being published for the first time. It is not surprising that many of these poets would not want their works published in male-oriented anthologies. Most mainstream publishers avoid printing feminist poetry. This is simply another barrier for women

poets to cross.

Organizations like Onlywomen Press, who published *One Foot On The Mountain*, will trample down these barriers.

Women like the poets in this anthology, through encouragement and love, will recruit the masses to do the trampling. They've proved that the mountain isn't too steep. They're just waiting for us to get the other foot up there too.



One Foot on the Mountain
One Foot on the Mountain
One Foot on the Mountain
One Foot on the Mountain

Transition House



House for Sale

The Social Credit government is about to privatize Vancouver Transition House, a refuge for

battered women and their children.

Transition House has been ser-

ving battered women and children since 1973. The service is used by many women in the Lower Mainland region and across the province.

Government sponsorship of this service has provided a 24 hour crisis response for women and children needing protection from violent and abusive situations. Transition House offers counselling, advocacy, community education, and other services.

The B.C. government has stated that it intends to put this service up to tender. It is scheduled to be privatized by March 31, 1984. If you are concerned about the privatization of Transition House you can take one of the following actions:

- 1) Write to Grace McCarthy, Minister of Human Resources at the Parliament Buildings in Victoria, and request her to continue direct government funding.
- 2) Write Women Against the Budget, P. O. Box 65366, Station F, Vancouver, V5N 5P3, for further information.

Women, Herbs & Health

by Fiona MacLeod

Emmenagogues are herbs that affect the female reproductive system. Master Herbalist Dr. J. Christopher, defines them as "female correctives which provoke, stimulate and promote the menstrual flow and discharge."

Licorice root is an emmenagogue which contains an estrogen-like substance. If chewed on, it is said to awaken sexual energy. It can also be drunk as a refreshing tea.

Red raspberry leaf tea tones the reproductive organs and pelvic muscles. It balances the hormones and contains iron. It is a multi-purpose female tonic and is used in connection with menstruation, pregnancy and menopause.

Blessed Thistle is a hormonal

corrective. It regulates bleeding and works to clear the mind of the depression often associated with menstrual bleeding.

Menstrual cramping is often caused by a calcium deficiency. Symptoms of deficiency in the body are depression, low resistance to stresses (mental and physical), and water retention. Ginger root and Crampbark tea taken together, or separately, will provide relief. A calcium-magnesium supplement will help also.

Dong Quai, a Chinese herb, is one of the most effective emmenagogues. It builds blood and is useful for low energy and fatigue. It stimulates the pituitary gland and thereby affects metabolism.

Blue Cohosh will stem an excessive menstrual flow. It contains estrogen and regulates menses. It helps ovarian and womb ailments.

The Orientals recommend that herbs taken for balancing a woman's body be taken between 3-5 p.m. So relax with your cup of tea and enjoy!

* Fiona MacLeod is a Herbalist and Iridologist practising in Victoria.

NOTE: The above is not meant as medical advice. Should you have any problem, consult an experienced health practitioner.

HEALING and EMPOWERING Workshops for Women

Feb. 25 & 26, Mar. 10 & 11, April 7 & 8

Sara Joy David, Ph.D. Registered psychologist
Feminist therapist

available also for individual
and relationship counselling

385-2954

Women's History in British Columbia Conference

April 27-28
Camosun College
Registration: \$25
\$15 (students
& unemployed)

Barbara Latham
Camosun College
3100 Foul Bay Road
Victoria, V8P 4X8
592-1281, Local 337

Notes from a Sexual Assault Crisis Line Trainee

by Pam Fleming

Caller: "...I don't know where to turn to ...every time I go out with my friends, I see him ... We have the same friends, go to the same places, and I just can't take it any more!"

Volunteer: "It seems to me that you're feeling afraid and trapped right now, because you keep seeing this guy everywhere you go."

Caller: "Yes I do! He's my boyfriend's best friend, and ...and he could have had any girl he wanted ...Why did he have to do this to me? Why me?"

The above is a sample of a role playing exercise in the crisis line volunteer training for the Womens' Sexual Assault Center (WSAC). As volunteer trainees we learn how to help callers through active listening. We learn to link both the "feeling" and the "content" of the call.

It will be our roles, as crisis line volunteers, to be "helpers." The

staff members, Barb Field, Bonny Pashak, and Rowena Hunnissett, do the face-to-face counselling of sexual assault survivors. The primary function of a volunteer is to empathize.

Among the approx. 20 trainees, all of whom are women, there is a diversity of experience. Some of us have had first hand experience with sexual assault.

Those of us who have not, are never the less aware of the oppression and dangers of living in a sexist society. We as trainees, may differ demographically but we are linked by our genuine concern. The training helps us to focus our concern, and direct it into supportive communication skills.

Bonny Pashak is a soft spoken but competent volunteer co-ordinator and trainer. During the training sessions she works with a team of other experienced women. This collective-mutual aid approach works well. All of the trainers have different experiences and ideas to offer.

Every training session is carefully planned. Each trainee is given training handbooks consisting of the curriculum: on call information, legal and medical info, training materials and skill development, orientation to the WSAC, and relative brochures. Trainees can refer to the handbook and keep it for reference after completion of the course.

The session I'm attending is 8 weeks long (Jan29-Mar25). The first session was a six hour introduction to the issues, our responsibilities, and each other. Each session thereafter is 2½ hours long (Mondays, 7-9:30). The instructional method entails a casual lecture (eg: how to be an active listener); a practise periods (eg: role playing); group discussion and feedback. The atmosphere is open, and the trainers facilitate in a non-authoritative manner, allowing for trainee input.

Often the role playing can seem very real, and seems to touch us all on an emotional level. We learn first hand how to deal with these feelings in order to support callers more effectively. We also learn the importance of "de-briefing" after a call with a back-up crisis line worker. "Back-ups" are imperative for support, to accompany volunteers if they go out to meet with the survivors. Knowing these things is very reassuring to a trainee, and more importantly, result in the most beneficial support for callers.

Some of the themes of the sessions are crisis intervention; legal options and medical procedures.



The final session will be a case example of sexual assault which will help us to gain a clearer understanding of what the whole process can entail for survivors, and for the volunteers themselves.

As a trainee, I am learning invaluable crisis line skills that I can integrate with my daily com-

munication skills. We have a very empathetic, exuberant group of women to work with and this makes being involved with the WSAC a rewarding process in itself.

For further information regarding the Womens' Sexual Assault Center call 383-5545. 24 hour crisis line 383-3232.



The Emily needs : ★ Photographers ★ Writers

Staff box:

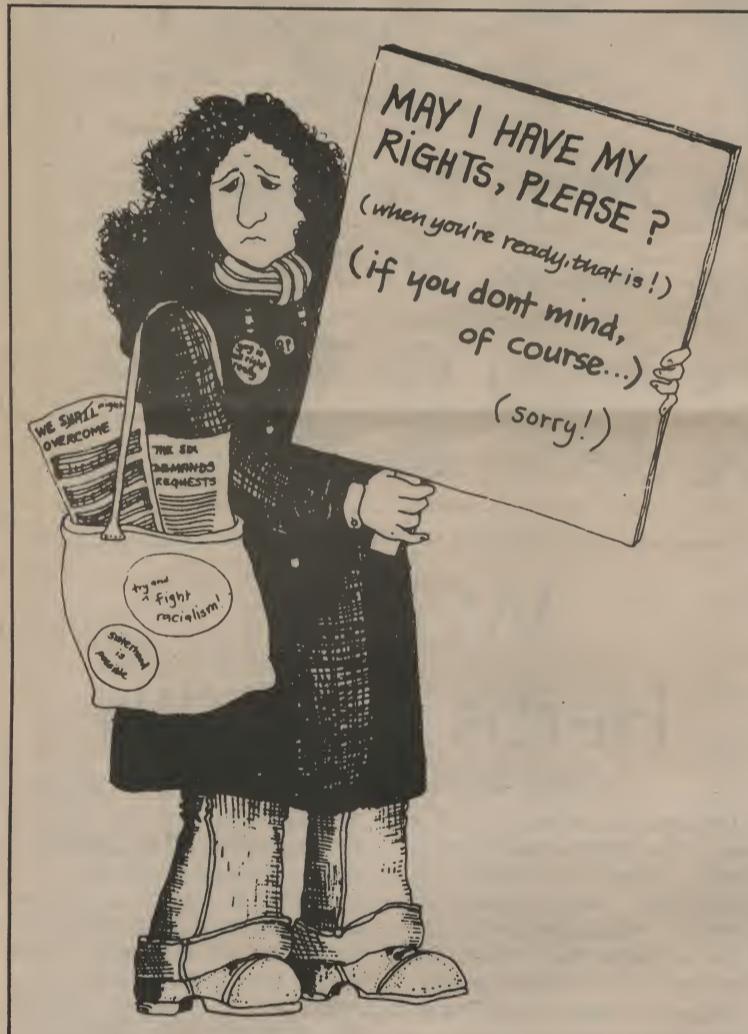
Suzy Coulter, Joan Graves, Fiona MacLeod, Leslie Hamilton, JoAnne Whittaker, Olive Mann, Katy Chan, Nora Ready, Judy Andrew, Maeve Lydon, Cynthia Witwicki, Pam Fleming, Nancy Lewis, Linda St Louis

Quote of the month:

"I don't want to hear anymore about men's opinions on women. I want to hear what women think..."

-member of the audience at showing of "Reclaiming Ourselves".

"Women are second class citizens promoted from third."
-young man in the SUB pub.



Calynder

Wednesday March 21

Lecture Series of Women in Politics

-Dr. Rob Walker will be speaking on Power, Gender and Political Theory

Wednesday March 28

Lecture Series of Women in Politics

-Joy Illington will be speaking on Women and Law in B.C.

Friday March 30

Women Take Over The Night

-A march sponsored by Women Against Pornography

-time: 8:00 p.m.

-place: Centennial Square

-call: W.A.P. for more info 381-1597

April 2

The Frazer Commission on Pornography at the Empress hotel will listen to briefs presented by the community. The public is welcome.

Ovulation Method Workshop

-those interested in attending a seminar on the ovulation method of birth control should contact the Women's Centre for further info.

La Leche League in Canada offers 10 groups in the Victoria area, suppling support and info. to breastfeeding women. Call 592-2714 to find a group near you.

Watch for continuing feminist forums presented by the Women's Centre